

|   |  |   |   |   |   |  |  |  |  |  |
|---|--|---|---|---|---|--|--|--|--|--|
| Billed Entity Applicant #: <b>131976</b>  |  |   |   |   | Applicant's Form Identifier: <b>DMPS4710101</b> |  |  |  |  |  |
| Contact Person: <b>Greg Davis</b>   |  |   |   |   | Phone Number: <b>515-242-7773</b>               |  |  |  |  |  |
| <b>BLOCK 5: Discount Funding Request(s)</b>   |  |   |   |   | Page 162 of 319                                 |  |  |  |  |  |
| Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. |  |   |   |   |   |  |  |  |  |  |
| <b>FRN # (to be assigned by administrator)</b>  |  |   |   |   |   |  |  |  |  |  |
| 11  | Category of Service (only ONE category should be checked)<br><br><input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections |   |   |   | 15  | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) |  |  | RFP #00-48C                            |  |
| 12  | Form 470 Application Number:<br><br>704340000296620  |   |   |   | 16  | Billing Account Number:<br>(e.g. billed telephone number)  |  |  | N/A                                    |  |
|   |  |   |   |   | 17  | Allowable Vendor Selection/<br>Contract Date: (mm/dd/yyyy)   |  |  | 12/12/2000                             |  |
| 13  | SPIN – Service Provider<br>Identification Number:<br><br>143005247   |   |   |   | 18  | Contract Award Date<br>(mm/dd/yyyy)  |  |  | 01/12/2001                             |  |
|   |  |   |   |   | 19a   | Service State Date (mm/dd/yyyy)  |  |  | 07/01/2001                             |  |
|   |  |   |   |   | 19b   | Service End Date (mm/dd/yyyy)  |  |  | N/A                                    |  |
| 14  | Service Provider Name  |   | Graybar Electric  |   | 20  | Contract Expiration Date<br>(mm/dd/yyyy)   |  |  | 06/30/2002                             |  |
| 21  | Description of this Service:   |   | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. |   |   |  |  |  | Attachment # <u>USFATCH0103</u>        |  |
| 22  | Entity/Entities Receiving this Service:  |   | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.   |   |   |  |  | 58961 -  |  |  |
|   |  |   | b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:<br>(e.g. A-1)  |   |   |  |  |  |  |  |
| 23  | Calculations   |   |   |   |   |  |  |  |  |  |
| <b>Recurring Charges</b>  |  |   |   |   | <b>Non-Recurring Charges</b>                    |  |  | <b>Total Charges</b>                                 |  |  |
| A   | B  | C   | D   | E   | F   | G  | H  | I  | J                                      | K  |
| Monthly \$ charges<br>(total amount for service)  | How much of the \$ amount in (A) is ineligible?  | Eligible monthly pre-discount amount<br>(A minus B) | # of months service provided in program year  | Annual pre-discount for eligible recurring charges<br>(C x D) | Annual non-recurring (one time) \$ charges      | How much of the \$ amount in (F) is ineligible?  | Annual eligible pre-discount \$ amount for one-time charges<br>(F minus G) | Total program year pre-discount \$ amount<br>(E & H) | % discount<br>(from Block 4 worksheet) | Funding Commitment \$ Request<br>(I x J) |
| 0   | 0  | 0   | 0   | 0   | 15,000  | 0  | 15,000   | 15,000   | 80%                                    | \$12,000                                 |

|   |  |  |   |  |   |  |   |   |                                     |                                       |  |
|---|--|--|---|--|---|--|---|---|-------------------------------------|---------------------------------------|--|
| Billed Entity Applicant #: <b>131976</b>  |  |  |   |  | Applicant's Form Identifier: <b>DMPS4710101</b> |  |   |   |                                     |                                       |  |
| Contact Person: <b>Greg Davis</b>   |  |  |   |  | Phone Number: <b>515-242-7773</b>               |  |   |   |                                     |                                       |  |
| <b>BLOCK 5: Discount Funding Request(s)</b>   |  |  |   |  | Page 163 of 319                                 |  |   |   |                                     |                                       |  |
| Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. |  |  |   |  |   |  |   |   |                                     |                                       |  |
| <b>FRN # (to be assigned by administrator)</b>  |  |  |   |  |   |  |   |   |                                     |                                       |  |
| 11  | Category of Service (only ONE category should be checked)<br><br><input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections |  |   |  | 15  | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) |   |   | RFP #00-48C                         |                                       |  |
| 12  | Form 470 Application Number:   |  | 704340000296620   |  | 16  | Billing Account Number: (e.g. billed telephone number)   |   |   | N/A                                 |                                       |  |
|   |  |  |   |  | 17  | Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)  |   |   | 12/12/2000                          |                                       |  |
| 13  | SPIN – Service Provider Identification Number:   |  | 143005247   |  | 18  | Contract Award Date (mm/dd/yyyy)   |   |   | 01/12/2001                          |                                       |  |
|   |  |  |   |  | 19a   | Service State Date (mm/dd/yyyy)  |   |   | 07/01/2001                          |                                       |  |
|   |  |  |   |  | 19b   | Service End Date (mm/dd/yyyy)  |   |   | N/A                                 |                                       |  |
| 14  | Service Provider Name  |  | Graybar Electric  |  | 20  | Contract Expiration Date (mm/dd/yyyy)  |   |   | 06/30/2002                          |                                       |  |
| 21  | Description of this Service:   |  | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. |  |   |  |   |   |                                     | Attachment # <u>USFATCH0103</u>       |  |
| 22  | Entity/Entities Receiving this Service:  |  | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.   |  |   |  |   |   | 58927 -                             |                                       |  |
|   |  |  | b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)   |  |   |  |   |   |                                     |                                       |  |
| 23  | Calculations   |  |   |  |   |  |   |   |                                     |                                       |  |
| Recurring Charges   |  |  |   |  | Non-Recurring Charges                           |  |   | Total Charges                                     |                                     |                                       |  |
| A   | B  | C  | D   | E  | F   | G  | H   | I   | J                                   | K                                     |  |
| Monthly \$ charges (total amount for service)   | How much of the \$ amount in (A) is ineligible?  | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year  | Annual pre-discount for eligible recurring charges (C x D) | Annual non-recurring (one time) \$ charges      | How much of the \$ amount in (F) is ineligible?  | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) |  |
| 0   | 0  | 0  | 0   | 0  | 25,000  | 0  | 25,000  | 25,000  | 60%                                 | \$15,000                              |  |

|   |   |   |   |   |   |  |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|--|
| Billed Entity Applicant #: <b>131976</b>  |   |   |   |   | Applicant's Form Identifier: <b>DMPS4710101</b> |  |  |  |  |  |
| Contact Person: <b>Greg Davis</b>   |   |   |   |   | Phone Number: <b>515-242-7773</b>               |  |  |  |  |  |
| <b>BLOCK 5: Discount Funding Request(s)</b>   |   |   |   |   |   |  |  | Page 164 of 319                                      |  |  |
| Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. |   |   |   |   |   |  |  |  |  |  |
| <b>FRN #</b> (to be assigned by administrator)  |   |   |   |   |   |  |  |  |  |  |
| 11  | Category of Service (only ONE category should be checked)<br>O Telecommunications Services   O Internet Access   ● Internal Connections |   |   |   | 15  | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) |  |  | RFP #00-48C                            |  |
| 12  | Form 470 Application Number:  |   | 704340000296620   |   | 16  | Billing Account Number:<br>(e.g. billed telephone number)  |  |  | N/A                                    |  |
|   |   |   |   |   | 17  | Allowable Vendor Selection/<br>Contract Date: (mm/dd/yyyy)   |  |  | 12/12/2000                             |  |
| 13  | SPIN – Service Provider Identification Number:  |   | 143005247   |   | 18  | Contract Award Date<br>(mm/dd/yyyy)  |  |  | 01/12/2001                             |  |
|   |   |   |   |   | 19a   | Service State Date (mm/dd/yyyy)  |  |  | 07/01/2001                             |  |
|   |   |   |   |   | 19b   | Service End Date (mm/dd/yyyy)  |  |  | N/A                                    |  |
| 14  | Service Provider Name   |   | Graybar Electric  |   | 20  | Contract Expiration Date<br>(mm/dd/yyyy)   |  |  | 06/30/2002                             |  |
| 21  | Description of this Service:  |   | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. |   |   |  |  |  | Attachment # <u>USFATCH10103</u>       |  |
| 22  | Entity/Entities Receiving this Service:   |   | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.   |   |   |  |  | 58937 -  |  |  |
|   |   |   | b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:<br>(e.g. A-1)  |   |   |  |  |  |  |  |
| 23  | Calculations  |   |   |   |   |  |  |  |  |  |
| <b>Recurring Charges</b>  |   |   |   |   | <b>Non-Recurring Charges</b>                    |  |  | <b>Total Charges</b>                                 |  |  |
| <b>A</b>  | <b>B</b>  | <b>C</b>  | <b>D</b>  | <b>E</b>  | <b>F</b>  | <b>G</b>   | <b>H</b>   | <b>I</b>   | <b>J</b>                               | <b>K</b>                                 |
| Monthly \$ charges<br>(total amount for service)  | How much of the \$ amount in (A) is ineligible?   | Eligible monthly pre-discount amount<br>(A minus B) | # of months service provided in program year  | Annual pre-discount for eligible recurring charges<br>(C x D) | Annual non-recurring (one time) \$ charges      | How much of the \$ amount in (F) is ineligible?  | Annual eligible pre-discount \$ amount for one-time charges<br>(F minus G) | Total program year pre-discount \$ amount<br>(E & H) | % discount<br>(from Block 4 worksheet) | Funding Commitment \$ Request<br>(I x J) |
| 0   | 0   | 0   | 0   | 0   | 25,000  | 0  | 25,000   | 25,000   | 50%                                    | \$12,500                                 |

|                                   |  |
|-----------------------------------|--|
| Billed Entity Applicant #: 131976 | Applicant's Form Identifier: DMPS4710101 |
| Contact Person: Greg Davis        | Phone Number: 515-242-7773               |

**BLOCK 5: Discount Funding Request(s)**

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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

| FRN # |   | (to be assigned by administrator)  |   |
|-------|---|--|---|
| 11    | Category of Service (only ONE category should be checked)<br>O Telecommunications Services   O Internet Access   ● Internal Connections | 15   | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)<br><br>RFP #00-48C |
| 12    | Form 470 Application Number:<br><br>704340000296620   | 16   | Billing Account Number:<br>(e.g. billed telephone number)<br><br>N/A  |
|       |   | 17   | Allowable Vendor Selection/<br>Contract Date: (mm/dd/yyyy)<br><br>12/12/2000  |
| 13    | SPIN – Service Provider Identification Number:<br><br>143005247   | 18   | Contract Award Date<br>(mm/dd/yyyy)<br><br>01/12/2001   |
|       |   | 19a  | Service State Date (mm/dd/yyyy)<br><br>07/01/2001   |
|       |   | 19b  | Service End Date (mm/dd/yyyy)<br><br>N/A  |
| 14    | Service Provider Name<br><br>Graybar Electric   | 20   | Contract Expiration Date<br>(mm/dd/yyyy)<br><br>06/30/2002  |
| 21    | Description of this Service:  | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.<br><br>Attachment # <u>USFATCH0103</u>                                   |   |
| 22    | Entity/Entities Receiving this Service:   | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.<br>58970 -<br>b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:<br>(e.g. A-1) |   |
| 23    | Calculations  |  |   |

| Recurring Charges                             |   |  |  |  | Non-Recurring Charges                      |   |   | Total Charges                                     |                                     |                                       |
|---|---|--|--|--|--|---|---|---|-------------------------------------|---------------------------------------|
| A   | B   | C  | D  | E  | F  | G   | H   | I   | J                                   | K                                     |
| Monthly \$ charges (total amount for service) | How much of the \$ amount in (A) is ineligible? | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year | Annual pre-discount for eligible recurring charges (C x D) | Annual non-recurring (one time) \$ charges | How much of the \$ amount in (F) is ineligible? | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) |
| 0   | 0   | 0  | 0  | 0  | 15,000                                     | 0   | 15,000  | 15,000  | 80%                                 | \$12,000                              |

|   |  |  |   |  |   |  |   |   |                                     |                                       |  |
|---|--|--|---|--|---|--|---|---|-------------------------------------|---------------------------------------|--|
| Billed Entity Applicant #: <b>131976</b>  |  |  |   |  | Applicant's Form Identifier: <b>DMPS4710101</b> |  |   |   |                                     |                                       |  |
| Contact Person: <b>Greg Davis</b>   |  |  |   |  | Phone Number: <b>515-242-7773</b>               |  |   |   |                                     |                                       |  |
| <b>BLOCK 5: Discount Funding Request(s)</b>   |  |  |   |  |   |  |   | Page 166 of 319                                   |                                     |                                       |  |
| Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. |  |  |   |  |   |  |   |   |                                     |                                       |  |
| <b>FRN # (to be assigned by administrator)</b>  |  |  |   |  |   |  |   |   |                                     |                                       |  |
| 11  | Category of Service (only ONE category should be checked)<br><br><input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections |  |   |  | 15  | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) |   |   | RFP #00-48C                         |                                       |  |
| 12  | Form 470 Application Number:   |  | 704340000296620   |  | 16  | Billing Account Number: (e.g. billed telephone number)   |   |   | N/A                                 |                                       |  |
|   |  |  |   |  | 17  | Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)  |   |   | 12/12/2000                          |                                       |  |
| 13  | SPIN - Service Provider Identification Number:   |  | 143005247   |  | 18  | Contract Award Date (mm/dd/yyyy)   |   |   | 01/12/2001                          |                                       |  |
|   |  |  |   |  | 19a   | Service State Date (mm/dd/yyyy)  |   |   | 07/01/2001                          |                                       |  |
|   |  |  |   |  | 19b   | Service End Date (mm/dd/yyyy)  |   |   | N/A                                 |                                       |  |
| 14  | Service Provider Name  |  | Graybar Electric  |  | 20  | Contract Expiration Date (mm/dd/yyyy)  |   |   | 06/30/2002                          |                                       |  |
| 21  | Description of this Service:   |  | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. |  |   |  |   |   |                                     | Attachment # <u>USFATCH0103</u>       |  |
| 22  | Entity/Entities Receiving this Service:  |  | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.   |  |   |  |   |   | 58932 -                             |                                       |  |
|   |  |  | b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)   |  |   |  |   |   |                                     |                                       |  |
| 23  | Calculations   |  |   |  |   |  |   |   |                                     |                                       |  |
| Recurring Charges   |  |  |   |  | Non-Recurring Charges                           |  |   | Total Charges                                     |                                     |                                       |  |
| A   | B  | C  | D   | E  | F   | G  | H   | I   | J                                   | K                                     |  |
| Monthly \$ charges (total amount for service)   | How much of the \$ amount in (A) is ineligible?  | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year  | Annual pre-discount for eligible recurring charges (C x D) | Annual non-recurring (one time) \$ charges      | How much of the \$ amount in (F) is ineligible?  | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) |  |
| 0   | 0  | 0  | 0   | 0  | 50,000  | 0  | 50,000  | 50,000  | 60%                                 | \$30,000                              |  |

|                                   |  |
|-----------------------------------|--|
| Billed Entity Applicant #: 131976 | Applicant's Form Identifier: DMPS4710101 |
| Contact Person: Greg Davis        | Phone Number: 515-242-7773               |

**BLOCK 5: Discount Funding Request(s)**

Page 167 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN # (to be assigned by administrator)**

|    |   |   |  |             |
|----|---|---|--|-------------|
| 11 | Category of Service (only ONE category should be checked)<br>O Telecommunications Services O Internet Access ● Internal Connections | 15  | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) | RFP #00-48C |
| 12 | Form 470 Application Number:<br>704340000296620   | 16  | Billing Account Number:<br>(e.g. billed telephone number)  | N/A         |
|    |   | 17  | Allowable Vendor Selection/<br>Contract Date: (mm/dd/yyyy)   | 12/12/2000  |
| 13 | SPIN - Service Provider Identification Number:<br>143005247   | 18  | Contract Award Date<br>(mm/dd/yyyy)  | 01/12/2001  |
|    |   | 19a   | Service State Date (mm/dd/yyyy)  | 07/01/2001  |
|    |   | 19b   | Service End Date (mm/dd/yyyy)  | N/A         |
| 14 | Service Provider Name<br>Graybar Electric   | 20  | Contract Expiration Date<br>(mm/dd/yyyy)   | 06/30/2002  |
| 21 | Description of this Service:  | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. |  |             |
|    |   | Attachment # USFATCH0103  |  |             |
| 22 | Entity/Entities Receiving this Service:   | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.   |  | 58924 -     |
|    |   | b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:<br>(e.g. A-1)  |  |             |
| 23 | Calculations  |   |  |             |

**Recurring Charges**
**Non-Recurring Charges**
**Total Charges**

| A  | B   | C   | D  | E   | F  | G   | H  | I  | J                                      | K  |
|--|---|---|--|---|--|---|--|--|--|--|
| Monthly \$ charges<br>(total amount for service) | How much of the \$ amount in (A) is ineligible? | Eligible monthly pre-discount amount<br>(A minus B) | # of months service provided in program year | Annual pre-discount for eligible recurring charges<br>(C x D) | Annual non-recurring (one time) \$ charges | How much of the \$ amount in (F) is ineligible? | Annual eligible pre-discount \$ amount for one-time charges<br>(F minus G) | Total program year pre-discount \$ amount<br>(E & H) | % discount<br>(from Block 4 worksheet) | Funding Commitment \$ Request<br>(I x J) |
| 0  | 0   | 0   | 0  | 0   | 15,000                                     | 0   | 15,000   | 15,000   | 50%                                    | \$7,500                                  |

|   |  |  |   |  |   |  |   |   |                                     |                                       |
|---|--|--|---|--|---|--|---|---|-------------------------------------|---------------------------------------|
| Billed Entity Applicant #: <b>131976</b>  |  |  |   |  | Applicant's Form Identifier: <b>DMPS4710101</b> |  |   |   |                                     |                                       |
| Contact Person: <b>Greg Davis</b>   |  |  |   |  | Phone Number: <b>515-242-7773</b>               |  |   |   |                                     |                                       |
| <b>BLOCK 5: Discount Funding Request(s)</b>   |  |  |   |  | Page 168 of 319                                 |  |   |   |                                     |                                       |
| Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. |  |  |   |  |   |  |   |   |                                     |                                       |
| <b>FRN # (to be assigned by administrator)</b>  |  |  |   |  |   |  |   |   |                                     |                                       |
| 11  | Category of Service (only ONE category should be checked)<br><br><input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections |  |   |  | 15  | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) |   |   | RFP #00-48C                         |                                       |
| 12  | Form 470 Application Number:   |  | 704340000296620   |  | 16  | Billing Account Number: (e.g. billed telephone number)   |   |   | N/A                                 |                                       |
|   |  |  |   |  | 17  | Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)  |   |   | 12/12/2000                          |                                       |
| 13  | SPIN - Service Provider Identification Number:   |  | 143005247   |  | 18  | Contract Award Date (mm/dd/yyyy)   |   |   | 01/12/2001                          |                                       |
|   |  |  |   |  | 19a   | Service State Date (mm/dd/yyyy)  |   |   | 07/01/2001                          |                                       |
|   |  |  |   |  | 19b   | Service End Date (mm/dd/yyyy)  |   |   | N/A                                 |                                       |
| 14  | Service Provider Name  |  | Graybar Electric  |  | 20  | Contract Expiration Date (mm/dd/yyyy)  |   |   | 06/30/2002                          |                                       |
| 21  | Description of this Service:   |  | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. |  |   |  |   |   | Attachment # <u>USFATCH0103</u>     |                                       |
| 22  | Entity/Entities Receiving this Service:  |  | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.   |  |   |  |   | 58960 -   |                                     |                                       |
|   |  |  | b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)   |  |   |  |   |   |                                     |                                       |
| 23  | Calculations   |  |   |  |   |  |   |   |                                     |                                       |
| Recurring Charges   |  |  |   |  | Non-Recurring Charges                           |  |   | Total Charges                                     |                                     |                                       |
| A   | B  | C  | D   | E  | F   | G  | H   | I   | J                                   | K                                     |
| Monthly \$ charges (total amount for service)   | How much of the \$ amount in (A) is ineligible?  | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year  | Annual pre-discount for eligible recurring charges (C x D) | Annual non-recurring (one time) \$ charges      | How much of the \$ amount in (F) is ineligible?  | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) |
| 0   | 0  | 0  | 0   | 0  | 50,000  | 0  | 50,000  | 50,000  | 90%                                 | \$45,000                              |

|   |  |   |   |   |   |  |  |  |  |  |
|---|--|---|---|---|---|--|--|--|--|--|
| Billed Entity Applicant #: <b>131976</b>  |  |   |   |   | Applicant's Form Identifier: <b>DMPS4710101</b> |  |  |  |  |  |
| Contact Person: <b>Greg Davis</b>   |  |   |   |   | Phone Number: <b>515-242-7773</b>               |  |  |  |  |  |
| <b>BLOCK 5: Discount Funding Request(s)</b>   |  |   |   |   | Page 169 of 319                                 |  |  |  |  |  |
| Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. |  |   |   |   |   |  |  |  |  |  |
| <b>FRN # (to be assigned by administrator)</b>  |  |   |   |   |   |  |  |  |  |  |
| 11  | Category of Service (only ONE category should be checked)<br><br><input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections |   |   |   | 15  | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) |  | RFP #00-48C  |  |  |
| 12  | Form 470 Application Number:   |   | 704340000296620   |   |   | 16   | Billing Account Number:<br>(e.g. billed telephone number)                  |  | N/A                                    |  |
|   |  |   |   |   |   | 17   | Allowable Vendor Selection/<br>Contract Date: (mm/dd/yyyy)                 |  | 12/12/2000                             |  |
| 13  | SPIN – Service Provider Identification Number:   |   | 143005247   |   |   | 18   | Contract Award Date<br>(mm/dd/yyyy)  |  | 01/12/2001                             |  |
|   |  |   |   |   |   | 19a  | Service State Date (mm/dd/yyyy)  |  | 07/01/2001                             |  |
|   |  |   |   |   |   | 19b  | Service End Date (mm/dd/yyyy)  |  | N/A                                    |  |
| 14  | Service Provider Name  |   | Graybar Electric  |   |   | 20   | Contract Expiration Date<br>(mm/dd/yyyy)                                   |  | 06/30/2002                             |  |
| 21  | Description of this Service:   |   | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. |   |   |  |  |  |  | Attachment # <u>USFATCH0103</u>          |
| 22  | Entity/Entities Receiving this Service:  |   | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.   |   |   |  |  | 58954 -  |  |  |
|   |  |   | b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:<br>(e.g. A-1)  |   |   |  |  |  |  |  |
| 23  | Calculations   |   |   |   |   |  |  |  |  |  |
| <b>Recurring Charges</b>  |  |   |   |   | <b>Non-Recurring Charges</b>                    |  |  | <b>Total Charges</b>                                 |  |  |
| A   | B  | C   | D   | E   | F   | G  | H  | I  | J                                      | K  |
| Monthly \$ charges<br>(total amount for service)  | How much of the \$ amount in (A) is ineligible?  | Eligible monthly pre-discount amount<br>(A minus B) | # of months service provided in program year  | Annual pre-discount for eligible recurring charges<br>(C x D) | Annual non-recurring (one time) \$ charges      | How much of the \$ amount in (F) is ineligible?  | Annual eligible pre-discount \$ amount for one-time charges<br>(F minus G) | Total program year pre-discount \$ amount<br>(E & H) | % discount<br>(from Block 4 worksheet) | Funding Commitment \$ Request<br>(I x J) |
| 0   | 0  | 0   | 0   | 0   | 40,000  | 0  | 40,000   | 40,000   | 80%                                    | \$32,000                                 |



|  |   |
|--|---|
| Billed Entity Applicant #: <b>131976</b> | Applicant's Form Identifier: <b>DMPS4710101</b> |
| Contact Person: <b>Greg Davis</b>        | Phone Number: <b>515-242-7773</b>               |

**BLOCK 5: Discount Funding Request(s)**

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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN # (to be assigned by administrator)**

|    |   |   |  |                    |
|----|---|---|--|--------------------|
| 11 | Category of Service (only ONE category should be checked)<br><br>O Telecommunications Services   O Internet Access   ● Internal Connections | 15  | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) | <b>RFP #00-48C</b> |
| 12 | Form 470 Application Number:<br><br><b>704340000296620</b>  | 16  | Billing Account Number:<br>(e.g. billed telephone number)  | <b>N/A</b>         |
|    |   | 17  | Allowable Vendor Selection/<br>Contract Date: (mm/dd/yyyy)   | <b>12/12/2000</b>  |
| 13 | SPIN – Service Provider<br>Identification Number:<br><br><b>143005247</b>   | 18  | Contract Award Date<br>(mm/dd/yyyy)  | <b>01/12/2001</b>  |
|    |   | 19a   | Service State Date (mm/dd/yyyy)  | <b>07/01/2001</b>  |
|    |   | 19b   | Service End Date (mm/dd/yyyy)  | <b>N/A</b>         |
| 14 | Service Provider Name<br><br><b>Graybar Electric</b>  | 20  | Contract Expiration Date<br>(mm/dd/yyyy)   | <b>06/30/2002</b>  |
| 21 | Description of this Service:  | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. |  |                    |
|    |   | Attachment # <b>USFATCH0103</b>   |  |                    |
| 22 | Entity/Entities Receiving this Service:   | a.If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.  |  |                    |
|    |   | b.If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:<br>(e.g. A-1)   |  |                    |
| 23 | Calculations  |   |  |                    |

| Recurring Charges                             |   |  |  |  | Non-Recurring Charges                      |   |   | Total Charges                                     |                                     |                                       |
|---|---|--|--|--|--|---|---|---|-------------------------------------|---------------------------------------|
| A   | B   | C  | D  | E  | F  | G   | H   | I   | J                                   | K                                     |
| Monthly \$ charges (total amount for service) | How much of the \$ amount in (A) is ineligible? | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year | Annual pre-discount for eligible recurring charges (C x D) | Annual non-recurring (one time) \$ charges | How much of the \$ amount in (F) is ineligible? | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) |
| 0   | 0   | 0  | 0  | 0  | 15,000                                     | 0   | 15,000  | 15,000  | 80%                                 | \$12,000                              |

|   |   |
|---|---|
| Billed Entity: Applicant #: <b>131976</b> | Applicant's Form Identifier: <b>DMPS4710101</b> |
| Contact Person: <b>Greg Davis</b>         | Phone Number: <b>515-242-7773</b>               |

**BLOCK 5: Discount Funding Request(s)**

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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN # (to be assigned by administrator)**

|    |  |   |  |                    |
|----|--|---|--|--------------------|
| 11 | Category of Service (only ONE category should be checked)<br><input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections | 15  | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) | <b>RFP #00-48C</b> |
| 12 | Form 470 Application Number:<br><b>704340000296620</b>   | 16  | Billing Account Number:<br>(e.g. billed telephone number)  | <b>N/A</b>         |
|    |  | 17  | Allowable Vendor Selection/<br>Contract Date: (mm/dd/yyyy)   | <b>12/12/2000</b>  |
| 13 | SPIN – Service Provider Identification Number:<br><b>143005247</b>   | 18  | Contract Award Date<br>(mm/dd/yyyy)  | <b>01/12/2001</b>  |
|    |  | 19a   | Service State Date (mm/dd/yyyy)  | <b>07/01/2001</b>  |
|    |  | 19b   | Service End Date (mm/dd/yyyy)  | <b>N/A</b>         |
| 14 | Service Provider Name<br><b>Graybar Electric</b>   | 20  | Contract Expiration Date<br>(mm/dd/yyyy)   | <b>06/30/2002</b>  |
| 21 | Description of this Service:   | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. |  |                    |
|    |  | Attachment # <b>USFATCH0103</b>   |  |                    |
| 22 | Entity/Entities Receiving this Service:  | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.   |  |                    |
|    |  | b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)   |  |                    |
| 23 | Calculations   |   |  |                    |

| Recurring Charges                             |   |  |  |  | Non-Recurring Charges                      |   |   | Total Charges                                     |                                     |                                       |
|---|---|--|--|--|--|---|---|---|-------------------------------------|---------------------------------------|
| A   | B   | C  | D  | E  | F  | G   | H   | I   | J                                   | K                                     |
| Monthly \$ charges (total amount for service) | How much of the \$ amount in (A) is ineligible? | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year | Annual pre-discount for eligible recurring charges (C x D) | Annual non-recurring (one time) \$ charges | How much of the \$ amount in (F) is ineligible? | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) |
| 0   | 0   | 0  | 0  | 0  | 15,000                                     | 0   | 15,000  | 15,000  | 60%                                 | \$9,000                               |

|  |   |
|--|---|
| Billed Entity Applicant #: <b>131976</b> | Applicant's Form Identifier: <b>DMPS4710101</b> |
| Contact Person: <b>Greg Davis</b>        | Phone Number: <b>515-242-7773</b>               |

**BLOCK 5: Discount Funding Request(s)**

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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN # (to be assigned by administrator)**

|    |   |   |  |             |
|----|---|---|--|-------------|
| 11 | Category of Service (only ONE category should be checked)<br><br>O Telecommunications Services   O Internet Access   ● Internal Connections | 15  | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) | RFP #00-48C |
| 12 | Form 470 Application Number:<br><br>704340000296620   | 16  | Billing Account Number:<br>(e.g. billed telephone number)  | N/A         |
|    |   | 17  | Allowable Vendor Selection/<br>Contract Date: (mm/dd/yyyy)   | 12/12/2000  |
| 13 | SPIN – Service Provider<br>Identification Number:<br><br>143005247  | 18  | Contract Award Date<br>(mm/dd/yyyy)  | 01/12/2001  |
|    |   | 19a   | Service State Date (mm/dd/yyyy)  | 07/01/2001  |
|    |   | 19b   | Service End Date (mm/dd/yyyy)  | N/A         |
| 14 | Service Provider Name<br><br>Graybar Electric   | 20  | Contract Expiration Date<br>(mm/dd/yyyy)   | 06/30/2002  |
| 21 | Description of this Service:  | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. |  |             |
|    |   | Attachment # <u>USFATCH0103</u>   |  |             |
| 22 | Entity/Entities Receiving this Service:   | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.   |  | 58935 -     |
|    |   | b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)   |  |             |
| 23 | Calculations  |   |  |             |

| Recurring Charges                             |   |  |  |  | Non-Recurring Charges                      |   |   | Total Charges                                     |                                     |                                       |
|---|---|--|--|--|--|---|---|---|-------------------------------------|---------------------------------------|
| A   | B   | C  | D  | E  | F  | G   | H   | I   | J                                   | K                                     |
| Monthly \$ charges (total amount for service) | How much of the \$ amount in (A) is ineligible? | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year | Annual pre-discount for eligible recurring charges (C x D) | Annual non-recurring (one time) \$ charges | How much of the \$ amount in (F) is ineligible? | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) |
| 0   | 0   | 0  | 0  | 0  | 15,000                                     | 0   | 15,000  | 15,000  | 80%                                 | \$12,000                              |

|   |   |
|---|---|
| Billed Entity, Applicant #: <b>131976</b> | Applicant's Form Identifier: <b>DMPS4710101</b> |
| Contact Person: <b>Greg Davis</b>         | Phone Number: <b>515-242-7773</b>               |

**BLOCK 5: Discount Funding Request(s)**

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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN # (to be assigned by administrator)**

|    |   |   |  |                    |
|----|---|---|--|--------------------|
| 11 | Category of Service (only ONE category should be checked)<br><br>O Telecommunications Services   O Internet Access   ● Internal Connections | 15  | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) | <b>RFP #00-48C</b> |
| 12 | Form 470 Application Number:<br><br><b>704340000296620</b>  | 16  | Billing Account Number:<br>(e.g. billed telephone number)  | <b>N/A</b>         |
|    |   | 17  | Allowable Vendor Selection/<br>Contract Date: (mm/dd/yyyy)   | <b>12/12/2000</b>  |
| 13 | SPIN – Service Provider<br>Identification Number:<br><br><b>143005247</b>   | 18  | Contract Award Date<br>(mm/dd/yyyy)  | <b>01/12/2001</b>  |
|    |   | 19a   | Service State Date (mm/dd/yyyy)  | <b>07/01/2001</b>  |
|    |   | 19b   | Service End Date (mm/dd/yyyy)  | <b>N/A</b>         |
| 14 | Service Provider Name<br><br><b>Graybar Electric</b>  | 20  | Contract Expiration Date<br>(mm/dd/yyyy)   | <b>06/30/2002</b>  |
| 21 | Description of this Service:  | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <b>USFATCH0103</b> |  |                    |
| 22 | Entity/Entities Receiving this Service:   | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. <b>58986 -</b>  |  |                    |
|    |   | b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:<br>(e.g. A-1)  |  |                    |
| 23 | Calculations  |   |  |                    |

| Recurring Charges                             |   |  |  |  | Non-Recurring Charges                      |   |   | Total Charges                                     |                                     |                                       |
|---|---|--|--|--|--|---|---|---|-------------------------------------|---------------------------------------|
| A   | B   | C  | D  | E  | F  | G   | H   | I   | J                                   | K                                     |
| Monthly \$ charges (total amount for service) | How much of the \$ amount in (A) is ineligible? | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year | Annual pre-discount for eligible recurring charges (C x D) | Annual non-recurring (one time) \$ charges | How much of the \$ amount in (F) is ineligible? | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) |
| 0   | 0   | 0  | 0  | 0  | 15,000                                     | 0   | 15,000  | 15,000  | 50%                                 | \$7,500                               |

|   |  |   |   |   |  |  |  |  |  |  |
|---|--|---|---|---|--|--|--|--|--|--|
| Billed Entity, Applicant #: 131976  |  |   |   |   | Applicant's Form Identifier: DMPS4710101   |  |  |  |  |  |
| Contact Person: Greg Davis  |  |   |   |   | Phone Number: 515-242-7773                 |  |  |  |  |  |
| BLOCK 5: Discount Funding Request(s)  |  |   |   |   |  |  |  | Page 174 of 319                                      |  |  |
| Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. |  |   |   |   |  |  |  |  |  |  |
| <b>FRN # (to be assigned by administrator)</b>  |  |   |   |   |  |  |  |  |  |  |
| 11  | Category of Service (only ONE category should be checked)<br><br><input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections |   |   |   | 15   | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) |  |  | RFP #00-48C                            |  |
| 12  | Form 470 Application Number:<br><br>704340000296620  |   |   |   | 16   | Billing Account Number:<br>(e.g. billed telephone number)  |  |  | N/A                                    |  |
|   |  |   |   |   | 17   | Allowable Vendor Selection/<br>Contract Date: (mm/dd/yyyy)   |  |  | 12/12/2000                             |  |
| 13  | SPIN - Service Provider Identification Number:<br><br>143005247  |   |   |   | 18   | Contract Award Date<br>(mm/dd/yyyy)  |  |  | 01/12/2001                             |  |
|   |  |   |   |   | 19a  | Service State Date (mm/dd/yyyy)  |  |  | 07/01/2001                             |  |
|   |  |   |   |   | 19b  | Service End Date (mm/dd/yyyy)  |  |  | N/A                                    |  |
| 14  | Service Provider Name  |   | Graybar Electric  |   | 20   | Contract Expiration Date<br>(mm/dd/yyyy)   |  |  | 06/30/2002                             |  |
| 21  | Description of this Service:   |   | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. |   |  |  |  |  | Attachment # <u>USFATCH0103</u>        |  |
| 22  | Entity/Entities Receiving this Service:  |   | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.   |   |  |  |  | 58999 -  |  |  |
|   |  |   | b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:<br>(e.g. A-1)  |   |  |  |  |  |  |  |
| 23  | Calculations   |   |   |   |  |  |  |  |  |  |
| <b>Recurring Charges</b>  |  |   |   |   | <b>Non-Recurring Charges</b>               |  |  | <b>Total Charges</b>                                 |  |  |
| A   | B  | C   | D   | E   | F  | G  | H  | I  | J                                      | K  |
| Monthly \$ charges<br>(total amount for service)  | How much of the \$ amount in (A) is ineligible?  | Eligible monthly pre-discount amount<br>(A minus B) | # of months service provided in program year  | Annual pre-discount for eligible recurring charges<br>(C x D) | Annual non-recurring (one time) \$ charges | How much of the \$ amount in (F) is ineligible?  | Annual eligible pre-discount \$ amount for one-time charges<br>(F minus G) | Total program year pre-discount \$ amount<br>(E & H) | % discount<br>(from Block 4 worksheet) | Funding Commitment \$ Request<br>(I x J) |
| 0   | 0  | 0   | 0   | 0   | 15,000                                     | 0  | 15,000   | 15,000   | 40%                                    | \$6,000                                  |

|  |   |
|--|---|
| Billed Entity Applicant #: <b>131976</b> | Applicant's Form Identifier: <b>DMPS4710101</b> |
| Contact Person: <b>Greg Davis</b>        | Phone Number: <b>515-242-7773</b>               |

**BLOCK 5: Discount Funding Request(s)**

Page 175 of 319

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN # (to be assigned by administrator)**

|    |   |   |  |             |
|----|---|---|--|-------------|
| 11 | Category of Service (only ONE category should be checked)<br>O Telecommunications Services O Internet Access ● Internal Connections | 15  | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) | RFP #00-48C |
| 12 | Form 470 Application Number:<br>704340000296620   | 16  | Billing Account Number:<br>(e.g. billed telephone number)  | N/A         |
|    |   | 17  | Allowable Vendor Selection/<br>Contract Date: (mm/dd/yyyy)   | 12/12/2000  |
| 13 | SPIN – Service Provider<br>Identification Number:<br>143005247  | 18  | Contract Award Date<br>(mm/dd/yyyy)  | 01/12/2001  |
|    |   | 19a   | Service State Date (mm/dd/yyyy)  | 07/01/2001  |
|    |   | 19b   | Service End Date (mm/dd/yyyy)  | N/A         |
| 14 | Service Provider Name<br>Graybar Electric   | 20  | Contract Expiration Date<br>(mm/dd/yyyy)   | 06/30/2002  |
| 21 | Description of this Service:  | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. |  |             |
|    |   | Attachment # <u>USFATCH0103</u>   |  |             |
| 22 | Entity/Entities Receiving this Service:   | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service. 58940 -   |  |             |
|    |   | b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:<br>(e.g. A-1)  |  |             |
| 23 | Calculations  |   |  |             |

| Recurring Charges                             |   |  |  |  | Non-Recurring Charges                      |   |   | Total Charges                                     |                                     |                                       |
|---|---|--|--|--|--|---|---|---|-------------------------------------|---------------------------------------|
| A   | B   | C  | D  | E  | F  | G   | H   | I   | J                                   | K                                     |
| Monthly \$ charges (total amount for service) | How much of the \$ amount in (A) is ineligible? | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year | Annual pre-discount for eligible recurring charges (C x D) | Annual non-recurring (one time) \$ charges | How much of the \$ amount in (F) is ineligible? | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) |
| 0   | 0   | 0  | 0  | 0  | 40,000                                     | 0   | 40,000  | 40,000  | 50%                                 | \$20,000                              |

|   |  |  |   |  |   |  |   |   |                                     |                                       |
|---|--|--|---|--|---|--|---|---|-------------------------------------|---------------------------------------|
| Billed Entity Applicant #: <b>131976</b>  |  |  |   |  | Applicant's Form Identifier: <b>DMPS4710101</b> |  |   |   |                                     |                                       |
| Contact Person: <b>Greg Davis</b>   |  |  |   |  | Phone Number: <b>515-242-7773</b>               |  |   |   |                                     |                                       |
| <b>BLOCK 5: Discount Funding Request(s)</b>   |  |  |   |  | Page 176 of 319                                 |  |   |   |                                     |                                       |
| Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. |  |  |   |  |   |  |   |   |                                     |                                       |
| <b>FRN # (to be assigned by administrator)</b>  |  |  |   |  |   |  |   |   |                                     |                                       |
| 11  | Category of Service (only ONE category should be checked)<br><br><input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections |  |   |  | 15  | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) |   | RFP #00-48C                                       |                                     |                                       |
| 12  | Form 470 Application Number:   |  | 704340000296620   |  | 16  | Billing Account Number:<br>(e.g. billed telephone number)  |   | N/A   |                                     |                                       |
|   |  |  |   |  | 17  | Allowable Vendor Selection/<br>Contract Date: (mm/dd/yyyy)   |   | 12/12/2000  |                                     |                                       |
| 13  | SPIN – Service Provider Identification Number:   |  | 143005247   |  | 18  | Contract Award Date<br>(mm/dd/yyyy)  |   | 01/12/2001  |                                     |                                       |
|   |  |  |   |  | 19a   | Service State Date (mm/dd/yyyy)  |   | 07/01/2001  |                                     |                                       |
|   |  |  |   |  | 19b   | Service End Date (mm/dd/yyyy)  |   | N/A   |                                     |                                       |
| 14  | Service Provider Name  |  | Graybar Electric  |  | 20  | Contract Expiration Date<br>(mm/dd/yyyy)   |   | 06/30/2002  |                                     |                                       |
| 21  | Description of this Service:   |  | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. |  |   |  |   |   | Attachment # <u>USFATCH0103</u>     |                                       |
| 22  | Entity/Entities Receiving this Service:  |  | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.   |  |   |  |   | 184709 –  |                                     |                                       |
|   |  |  | b.If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:<br>(e.g. A-1)   |  |   |  |   |   |                                     |                                       |
| 23  | Calculations   |  |   |  |   |  |   |   |                                     |                                       |
| Recurring Charges   |  |  |   |  | Non-Recurring Charges                           |  |   | Total Charges                                     |                                     |                                       |
| A   | B  | C  | D   | E  | F   | G  | H   | I   | J                                   | K                                     |
| Monthly \$ charges (total amount for service)   | How much of the \$ amount in (A) is ineligible?  | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year  | Annual pre-discount for eligible recurring charges (C x D) | Annual non-recurring (one time) \$ charges      | How much of the \$ amount in (F) is ineligible?  | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) |
| 0   | 0  | 0  | 0   | 0  | 15,000  | 0  | 15,000  | 15,000  | 60%                                 | \$9,000                               |

|   |  |  |   |  |  |  |   |   |                                     |                                       |  |
|---|--|--|---|--|--|--|---|---|-------------------------------------|---------------------------------------|--|
| Billed Entity Applicant #: 131976   |  |  |   |  | Applicant's Form Identifier: DMPS4710101   |  |   |   |                                     |                                       |  |
| Contact Person: Greg Davis  |  |  |   |  | Phone Number: 515-242-7773                 |  |   |   |                                     |                                       |  |
| BLOCK 5: Discount Funding Request(s)  |  |  |   |  | Page 177 of 319                            |  |   |   |                                     |                                       |  |
| Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. |  |  |   |  |  |  |   |   |                                     |                                       |  |
| FRN # (to be assigned by administrator)   |  |  |   |  |  |  |   |   |                                     |                                       |  |
| 11  | Category of Service (only ONE category should be checked)<br><br><input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections |  |   |  | 15   | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) |   |   | RFP #00-48C                         |                                       |  |
| 12  | Form 470 Application Number:   |  | 704340000296620   |  | 16   | Billing Account Number: (e.g. billed telephone number)   |   |   | N/A                                 |                                       |  |
|   |  |  |   |  | 17   | Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)  |   |   | 12/12/2000                          |                                       |  |
| 13  | SPIN – Service Provider Identification Number:   |  | 143005247   |  | 18   | Contract Award Date (mm/dd/yyyy)   |   |   | 01/12/2001                          |                                       |  |
|   |  |  |   |  | 19a  | Service State Date (mm/dd/yyyy)  |   |   | 07/01/2001                          |                                       |  |
|   |  |  |   |  | 19b  | Service End Date (mm/dd/yyyy)  |   |   | N/A                                 |                                       |  |
| 14  | Service Provider Name  |  | Graybar Electric  |  | 20   | Contract Expiration Date (mm/dd/yyyy)  |   |   | 06/30/2002                          |                                       |  |
| 21  | Description of this Service:   |  | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. |  |  |  |   |   |                                     | Attachment # USFATCH0103              |  |
| 22  | Entity/Entities Receiving this Service:  |  | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.   |  |  |  |   | 58975 –   |                                     |                                       |  |
|   |  |  | b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)   |  |  |  |   |   |                                     |                                       |  |
| 23  | Calculations   |  |   |  |  |  |   |   |                                     |                                       |  |
| Recurring Charges   |  |  |   |  | Non-Recurring Charges                      |  |   | Total Charges                                     |                                     |                                       |  |
| A   | B  | C  | D   | E  | F  | G  | H   | I   | J                                   | K                                     |  |
| Monthly \$ charges (total amount for service)   | How much of the \$ amount in (A) is ineligible?  | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year  | Annual pre-discount for eligible recurring charges (C x D) | Annual non-recurring (one time) \$ charges | How much of the \$ amount in (F) is ineligible?  | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) |  |
| 0   | 0  | 0  | 0   | 0  | 40,000                                     | 0  | 40,000  | 40,000  | 60%                                 | \$24,000                              |  |



|   |  |  |   |  |   |  |   |   |                                     |                                       |
|---|--|--|---|--|---|--|---|---|-------------------------------------|---------------------------------------|
| Billed Entity Applicant #: <b>131976</b>  |  |  |   |  | Applicant's Form Identifier: <b>DMPS4710101</b> |  |   |   |                                     |                                       |
| Contact Person: <b>Greg Davis</b>   |  |  |   |  | Phone Number: <b>515-242-7773</b>               |  |   |   |                                     |                                       |
| <b>BLOCK 5: Discount Funding Request(s)</b>   |  |  |   |  | Page 178 of 319                                 |  |   |   |                                     |                                       |
| Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. |  |  |   |  |   |  |   |   |                                     |                                       |
| <b>FRN #</b> (to be assigned by administrator)  |  |  |   |  |   |  |   |   |                                     |                                       |
| 11  | Category of Service (only ONE category should be checked)<br><br><input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections |  |   |  | 15  | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) |   |   | RFP #00-48C                         |                                       |
| 12  | Form 470 Application Number:   |  | 704340000296620   |  | 16  | Billing Account Number:<br>(e.g. billed telephone number)  |   |   | N/A                                 |                                       |
|   |  |  |   |  | 17  | Allowable Vendor Selection/<br>Contract Date: (mm/dd/yyyy)   |   |   | 12/12/2000                          |                                       |
| 13  | SPIN – Service Provider Identification Number:   |  | 143005247   |  | 18  | Contract Award Date<br>(mm/dd/yyyy)  |   |   | 01/12/2001                          |                                       |
|   |  |  |   |  | 19a   | Service State Date (mm/dd/yyyy)  |   |   | 07/01/2001                          |                                       |
|   |  |  |   |  | 19b   | Service End Date (mm/dd/yyyy)  |   |   | N/A                                 |                                       |
| 14  | Service Provider Name  |  | Graybar Electric  |  | 20  | Contract Expiration Date<br>(mm/dd/yyyy)   |   |   | 06/30/2002                          |                                       |
| 21  | Description of this Service:   |  | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. |  |   |  |   |   | Attachment # <b>USFATCH0103</b>     |                                       |
| 22  | Entity/Entities Receiving this Service:  |  | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.   |  |   |  |   |   | 58943 –                             |                                       |
|   |  |  | b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:<br>(e.g. A-1)  |  |   |  |   |   |                                     |                                       |
| 23  | Calculations   |  |   |  |   |  |   |   |                                     |                                       |
| Recurring Charges   |  |  |   |  | Non-Recurring Charges                           |  |   | Total Charges                                     |                                     |                                       |
| A   | B  | C  | D   | E  | F   | G  | H   | I   | J                                   | K                                     |
| Monthly \$ charges (total amount for service)   | How much of the \$ amount in (A) is ineligible?  | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year  | Annual pre-discount for eligible recurring charges (C x D) | Annual non-recurring (one time) \$ charges      | How much of the \$ amount in (F) is ineligible?  | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) |
| 0   | 0  | 0  | 0   | 0  | 15,000  | 0  | 15,000  | 15,000  | 50%                                 | \$7,500                               |

|   |  |  |  |  |  |  |   |   |                                     |                                       |
|---|--|--|--|--|--|--|---|---|-------------------------------------|---------------------------------------|
| Billed Ent. Applicant #: 131976   |  |  |  |  | Applicant's Form Identifier: DMPS4710101   |  |   |   |                                     |                                       |
| Contact Person: Greg Davis  |  |  |  |  | Phone Number: 515-242-7773                 |  |   |   |                                     |                                       |
| <b>BLOCK 5: Discount Funding Request(s)</b>   |  |  |  |  | Page 179 of 319                            |  |   |   |                                     |                                       |
| Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. |  |  |  |  |  |  |   |   |                                     |                                       |
| <b>FRN #</b> <span style="float:right">(to be assigned by administrator)</span>   |  |  |  |  |  |  |   |   |                                     |                                       |
| 11  | Category of Service (only ONE category should be checked)<br><input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections |  |  |  | 15   | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) |   | RFP #00-48C                                       |                                     |                                       |
| 12  | Form 470 Application Number:   |  | 704340000296620  |  | 16   | Billing Account Number: (e.g. billed telephone number)   |   | N/A   |                                     |                                       |
|   |  |  |  |  | 17   | Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)  |   | 12/12/2000  |                                     |                                       |
| 13  | SPIN – Service Provider Identification Number:   |  | 143005247  |  | 18   | Contract Award Date (mm/dd/yyyy)   |   | 01/12/2001  |                                     |                                       |
|   |  |  |  |  | 19a  | Service State Date (mm/dd/yyyy)  |   | 07/01/2001  |                                     |                                       |
|   |  |  |  |  | 19b  | Service End Date (mm/dd/yyyy)  |   | N/A   |                                     |                                       |
| 14  | Service Provider Name  |  | Graybar Electric   |  | 20   | Contract Expiration Date (mm/dd/yyyy)  |   | 06/30/2002  |                                     |                                       |
| 21  | Description of this Service:   |  | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  |  |  |  |   |   | Attachment # <u>USFATCH0103</u>     |                                       |
| 22  | Entity/Entities Receiving this Service:  |  | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.<br>b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1) |  |  |  |   | 58985 -   |                                     |                                       |
| 23  | Calculations   |  |  |  |  |  |   |   |                                     |                                       |
| <b>Recurring Charges</b>  |  |  |  |  | <b>Non-Recurring Charges</b>               |  |   | <b>Total Charges</b>                              |                                     |                                       |
| A   | B  | C  | D  | E  | F  | G  | H   | I   | J                                   | K                                     |
| Monthly \$ charges (total amount for service)   | How much of the \$ amount in (A) is ineligible?  | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year   | Annual pre-discount for eligible recurring charges (C x D) | Annual non-recurring (one time) \$ charges | How much of the \$ amount in (F) is ineligible?  | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) |
| 0   | 0  | 0  | 0  | 0  | 15,000                                     | 0  | 15,000  | 15,000  | 80%                                 | \$12,000                              |

|  |   |
|--|---|
| Billed Entity Applicant #: <b>131976</b> | Applicant's Form Identifier: <b>DMPS4710101</b> |
| Contact Person: <b>Greg Davis</b>        | Phone Number: <b>515-242-7773</b>               |

**BLOCK 5: Discount Funding Request(s)**

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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN # (to be assigned by administrator)**

|    |  |   |  |             |
|----|--|---|--|-------------|
| 11 | Category of Service (only ONE category should be checked)<br><br><input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections | 15  | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) | RFP #00-48C |
| 12 | Form 470 Application Number:<br><br>704340000296620  | 16  | Billing Account Number:<br>(e.g. billed telephone number)  | N/A         |
|    |  | 17  | Allowable Vendor Selection/<br>Contract Date: (mm/dd/yyyy)   | 12/12/2000  |
| 13 | SPIN – Service Provider<br>Identification Number:<br><br>143005247   | 18  | Contract Award Date<br>(mm/dd/yyyy)  | 01/12/2001  |
|    |  | 19a   | Service State Date (mm/dd/yyyy)  | 07/01/2001  |
|    |  | 19b   | Service End Date (mm/dd/yyyy)  | N/A         |
| 14 | Service Provider Name<br><br>Graybar Electric  | 20  | Contract Expiration Date<br>(mm/dd/yyyy)   | 06/30/2002  |
| 21 | Description of this Service:   | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. |  |             |
|    |  | Attachment # <b>USFATCH0103</b>   |  |             |
| 22 | Entity/Entities Receiving this Service:  | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.   |  |             |
|    |  | b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)   |  |             |
| 23 | Calculations   |   |  |             |

| Recurring Charges                             |   |  |  |  | Non-Recurring Charges                      |   |   | Total Charges                                     |                                     |                                       |
|---|---|--|--|--|--|---|---|---|-------------------------------------|---------------------------------------|
| A   | B   | C  | D  | E  | F  | G   | H   | I   | J                                   | K                                     |
| Monthly \$ charges (total amount for service) | How much of the \$ amount in (A) is ineligible? | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year | Annual pre-discount for eligible recurring charges (C x D) | Annual non-recurring (one time) \$ charges | How much of the \$ amount in (F) is ineligible? | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) |
| 0   | 0   | 0  | 0  | 0  | 15,000                                     | 0   | 15,000  | 15,000  | 50%                                 | \$7,500                               |

|   |  |   |   |   |   |  |  |  |                                     |  |
|---|--|---|---|---|---|--|--|--|-------------------------------------|--|
| Billed Entity: Applicant #: <b>131976</b>   |  |   |   |   | Applicant's Form Identifier: <b>DMPS4710101</b> |  |  |  |                                     |  |
| Contact Person: <b>Greg Davis</b>   |  |   |   |   | Phone Number: <b>515-242-7773</b>               |  |  |  |                                     |  |
| <b>BLOCK 5: Discount Funding Request(s)</b>   |  |   |   |   | Page 181 of 319                                 |  |  |  |                                     |  |
| Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. |  |   |   |   |   |  |  |  |                                     |  |
| <b>FRN # (to be assigned by administrator)</b>  |  |   |   |   |   |  |  |  |                                     |  |
| 11  | Category of Service (only ONE category should be checked)<br><br><input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections |   |   |   | 15  | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) |  | RFP #00-48C  |                                     |  |
| 12  | Form 470 Application Number:<br><br>704340000296620  |   |   |   | 16  | Billing Account Number:<br>(e.g. billed telephone number)  |  | N/A  |                                     |  |
|   |  |   |   |   | 17  | Allowable Vendor Selection/<br>Contract Date: (mm/dd/yyyy)   |  | 12/12/2000   |                                     |  |
| 13  | SPIN -- Service Provider Identification Number:<br><br>143005247   |   |   |   | 18  | Contract Award Date<br>(mm/dd/yyyy)  |  | 01/12/2001   |                                     |  |
|   |  |   |   |   | 19a   | Service State Date (mm/dd/yyyy)  |  | 07/01/2001   |                                     |  |
|   |  |   |   |   | 19b   | Service End Date (mm/dd/yyyy)  |  | N/A  |                                     |  |
| 14  | Service Provider Name  |   | Graybar Electric  |   | 20  | Contract Expiration Date<br>(mm/dd/yyyy)   |  | 06/30/2002   |                                     |  |
| 21  | Description of this Service:   |   | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. |   |   |  |  |  | Attachment # <b>USFATCH0103</b>     |  |
| 22  | Entity/Entities Receiving this Service:  |   | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.   |   |   |  |  | 58946 --   |                                     |  |
|   |  |   | b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:<br>(e.g. A-1)  |   |   |  |  |  |                                     |  |
| 23  | Calculations   |   |   |   |   |  |  |  |                                     |  |
| <b>Recurring Charges</b>  |  |   |   |   | <b>Non-Recurring Charges</b>                    |  |  | <b>Total Charges</b>                                 |                                     |  |
| <b>A</b>  | <b>B</b>   | <b>C</b>  | <b>D</b>  | <b>E</b>  | <b>F</b>  | <b>G</b>   | <b>H</b>   | <b>I</b>   | <b>J</b>                            | <b>K</b>                                 |
| Monthly \$ charges<br>(total amount for service)  | How much of the \$ amount in (A) is ineligible?  | Eligible monthly pre-discount amount<br>(A minus B) | # of months service provided in program year  | Annual pre-discount for eligible recurring charges<br>(C x D) | Annual non-recurring (one time) \$ charges      | How much of the \$ amount in (F) is ineligible?  | Annual eligible pre-discount \$ amount for one-time charges<br>(F minus G) | Total program year pre-discount \$ amount<br>(E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request<br>(I x J) |
| 0   | 0  | 0   | 0   | 0   | 40,000  | 0  | 40,000   | 40,000   | 80%                                 | \$32,000                                 |

|   |  |  |   |  |   |  |   |   |                                     |                                       |
|---|--|--|---|--|---|--|---|---|-------------------------------------|---------------------------------------|
| Billed Entity Applicant #: <b>131976</b>  |  |  |   |  | Applicant's Form Identifier: <b>DMPS4710101</b> |  |   |   |                                     |                                       |
| Contact Person: <b>Greg Davis</b>   |  |  |   |  | Phone Number: <b>515-242-7773</b>               |  |   |   |                                     |                                       |
| <b>BLOCK 5: Discount Funding Request(s)</b>   |  |  |   |  |   |  |   | Page 182 of 319                                   |                                     |                                       |
| Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. |  |  |   |  |   |  |   |   |                                     |                                       |
| <b>FRN #</b> (to be assigned by administrator)  |  |  |   |  |   |  |   |   |                                     |                                       |
| 11  | Category of Service (only ONE category should be checked)<br><br><input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections |  |   |  | 15  | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) |   |   | RFP #00-48C                         |                                       |
| 12  | Form 470 Application Number:   |  | 704340000296620   |  | 16  | Billing Account Number: (e.g. billed telephone number)   |   |   | N/A                                 |                                       |
|   |  |  |   |  | 17  | Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)  |   |   | 12/12/2000                          |                                       |
| 13  | SPIN - Service Provider Identification Number:   |  | 143005247   |  | 18  | Contract Award Date (mm/dd/yyyy)   |   |   | 01/12/2001                          |                                       |
|   |  |  |   |  | 19a   | Service State Date (mm/dd/yyyy)  |   |   | 07/01/2001                          |                                       |
|   |  |  |   |  | 19b   | Service End Date (mm/dd/yyyy)  |   |   | N/A                                 |                                       |
| 14  | Service Provider Name  |  | Graybar Electric  |  | 20  | Contract Expiration Date (mm/dd/yyyy)  |   |   | 06/30/2002                          |                                       |
| 21  | Description of this Service:   |  | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. |  |   |  |   |   | Attachment # <u>USFATCH10103</u>    |                                       |
| 22  | Entity/Entities Receiving this Service:  |  | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.   |  |   |  |   | 58979 -   |                                     |                                       |
|   |  |  | b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)   |  |   |  |   |   |                                     |                                       |
| 23  | Calculations   |  |   |  |   |  |   |   |                                     |                                       |
| <b>Recurring Charges</b>  |  |  |   |  | <b>Non-Recurring Charges</b>                    |  |   | <b>Total Charges</b>                              |                                     |                                       |
| <b>A</b>  | <b>B</b>   | <b>C</b>   | <b>D</b>  | <b>E</b>   | <b>F</b>  | <b>G</b>   | <b>H</b>  | <b>I</b>  | <b>J</b>                            | <b>K</b>                              |
| Monthly \$ charges (total amount for service)   | How much of the \$ amount in (A) is ineligible?  | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year  | Annual pre-discount for eligible recurring charges (C x D) | Annual non-recurring (one time) \$ charges      | How much of the \$ amount in (F) is ineligible?  | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (1 x J) |
| 0   | 0  | 0  | 0   | 0  | 15,000  | 0  | 15,000  | 15,000  | 90%                                 | \$13,500                              |

|   |   |
|---|---|
| Billed Entity: Applicant #: <b>131976</b> | Applicant's Form Identifier: <b>DMPS4710101</b> |
| Contact Person: <b>Greg Davis</b>         | Phone Number: <b>515-242-7773</b>               |

**BLOCK 5: Discount Funding Request(s)**

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Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

**FRN # (to be assigned by administrator)**

|    |  |  |  |                    |
|----|--|--|--|--------------------|
| 11 | Category of Service (only ONE category should be checked)<br><br><input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections | 15   | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) | <b>RFP #00-48C</b> |
| 12 | Form 470 Application Number:<br><br><b>704340000296620</b>   | 16   | Billing Account Number:<br>(e.g. billed telephone number)  | <b>N/A</b>         |
|    |  | 17   | Allowable Vendor Selection/<br>Contract Date: (mm/dd/yyyy)   | <b>12/12/2000</b>  |
| 13 | SPIN – Service Provider<br>Identification Number:<br><br><b>143005247</b>  | 18   | Contract Award Date<br>(mm/dd/yyyy)  | <b>01/12/2001</b>  |
|    |  | 19a  | Service State Date (mm/dd/yyyy)  | <b>07/01/2001</b>  |
|    |  | 19b  | Service End Date (mm/dd/yyyy)  | <b>N/A</b>         |
| 14 | Service Provider Name<br><br><b>Graybar Electric</b>   | 20   | Contract Expiration Date<br>(mm/dd/yyyy)   | <b>06/30/2002</b>  |
| 21 | Description of this Service:   | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below.  |  |                    |
|    |  | Attachment # <b>USFATCH0103</b>  |  |                    |
| 22 | Entity/Entities Receiving this Service:  | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.    58972 -<br>b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:<br>(e.g. A-1) |  |                    |
| 23 | Calculations   |  |  |                    |

| Recurring Charges                             |   |  |  |  | Non-Recurring Charges                      |   |   | Total Charges                                     |                                     |                                       |
|---|---|--|--|--|--|---|---|---|-------------------------------------|---------------------------------------|
| A   | B   | C  | D  | E  | F  | G   | H   | I   | J                                   | K                                     |
| Monthly \$ charges (total amount for service) | How much of the \$ amount in (A) is ineligible? | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year | Annual pre-discount for eligible recurring charges (C x D) | Annual non-recurring (one time) \$ charges | How much of the \$ amount in (F) is ineligible? | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) |
| 0   | 0   | 0  | 0  | 0  | 50,000                                     | 0   | 50,000  | 50,000  | 60%                                 | \$30,000                              |

|   |  |   |   |   |   |  |  |  |  |  |
|---|--|---|---|---|---|--|--|--|--|--|
| Billed Entity Applicant #: <b>131976</b>  |  |   |   |   | Applicant's Form Identifier: <b>DMPS4710101</b> |  |  |  |  |  |
| Contact Person: <b>Greg Davis</b>   |  |   |   |   | Phone Number: <b>515-242-7773</b>               |  |  |  |  |  |
| <b>BLOCK 5: Discount Funding Request(s)</b>   |  |   |   |   | Page 184 of 319                                 |  |  |  |  |  |
| Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. |  |   |   |   |   |  |  |  |  |  |
| <b>FRN # (to be assigned by administrator)</b>  |  |   |   |   |   |  |  |  |  |  |
| 11  | Category of Service (only ONE category should be checked)<br><br><input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections |   |   |   | 15  | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) |  |  | RFP #00-48C                            |  |
| 12  | Form 470 Application Number:   |   | 704340000296620   |   | 16  | Billing Account Number:<br>(e.g. billed telephone number)  |  |  | N/A                                    |  |
|   |  |   |   |   | 17  | Allowable Vendor Selection/<br>Contract Date: (mm/dd/yyyy)   |  |  | 12/12/2000                             |  |
| 13  | SPIN – Service Provider Identification Number:   |   | 143005247   |   | 18  | Contract Award Date<br>(mm/dd/yyyy)  |  |  | 01/12/2001                             |  |
|   |  |   |   |   | 19a   | Service State Date (mm/dd/yyyy)  |  |  | 07/01/2001                             |  |
|   |  |   |   |   | 19b   | Service End Date (mm/dd/yyyy)  |  |  | N/A                                    |  |
| 14  | Service Provider Name  |   | Graybar Electric  |   | 20  | Contract Expiration Date<br>(mm/dd/yyyy)   |  |  | 06/30/2002                             |  |
| 21  | Description of this Service:   |   | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. |   |   |  |  |  | Attachment # <u>USFATCH0103</u>        |  |
| 22  | Entity/Entities Receiving this Service:  |   | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.   |   |   |  |  | 58965 -  |  |  |
|   |  |   | b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:<br>(e.g. A-1)  |   |   |  |  |  |  |  |
| 23  | Calculations   |   |   |   |   |  |  |  |  |  |
| Recurring Charges   |  |   |   |   | Non-Recurring Charges                           |  |  | Total Charges  |  |  |
| A   | B  | C   | D   | E   | F   | G  | H  | I  | J                                      | K  |
| Monthly \$ charges<br>(total amount for service)  | How much of the \$ amount in (A) is ineligible?  | Eligible monthly pre-discount amount<br>(A minus B) | # of months service provided in program year  | Annual pre-discount for eligible recurring charges<br>(C x D) | Annual non-recurring (one time) \$ charges      | How much of the \$ amount in (F) is ineligible?  | Annual eligible pre-discount \$ amount for one-time charges<br>(F minus G) | Total program year pre-discount \$ amount<br>(E & H) | % discount<br>(from Block 4 worksheet) | Funding Commitment \$ Request<br>(I x J) |
| 0   | 0  | 0   | 0   | 0   | 25,000  | 0  | 25,000   | 25,000   | 80%                                    | \$20,000                                 |

|   |  |  |   |  |   |  |   |   |                                     |                                       |
|---|--|--|---|--|---|--|---|---|-------------------------------------|---------------------------------------|
| Billed Entity Applicant #: <b>131976</b>  |  |  |   |  | Applicant's Form Identifier: <b>DMPS4710101</b> |  |   |   |                                     |                                       |
| Contact Person: <b>Greg Davis</b>   |  |  |   |  | Phone Number: <b>515-242-7773</b>               |  |   |   |                                     |                                       |
| <b>BLOCK 5: Discount Funding Request(s)</b>   |  |  |   |  | Page 185 of 319                                 |  |   |   |                                     |                                       |
| Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. |  |  |   |  |   |  |   |   |                                     |                                       |
| <b>FRN # (to be assigned by administrator)</b>  |  |  |   |  |   |  |   |   |                                     |                                       |
| 11  | Category of Service (only ONE category should be checked)<br><br><input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections |  |   |  | 15  | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) |   |   | RFP #00-48C                         |                                       |
| 12  | Form 470 Application Number:   |  | 704340000296620   |  | 16  | Billing Account Number: (e.g. billed telephone number)   |   |   | N/A                                 |                                       |
|   |  |  |   |  | 17  | Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)  |   |   | 12/12/2000                          |                                       |
| 13  | SPIN – Service Provider Identification Number:   |  | 143005247   |  | 18  | Contract Award Date (mm/dd/yyyy)   |   |   | 01/12/2001                          |                                       |
|   |  |  |   |  | 19a   | Service State Date (mm/dd/yyyy)  |   |   | 07/01/2001                          |                                       |
|   |  |  |   |  | 19b   | Service End Date (mm/dd/yyyy)  |   |   | N/A                                 |                                       |
| 14  | Service Provider Name  |  | Graybar Electric  |  | 20  | Contract Expiration Date (mm/dd/yyyy)  |   |   | 06/30/2002                          |                                       |
| 21  | Description of this Service:   |  | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. |  |   |  |   |   | Attachment # <u>USFATCH0103</u>     |                                       |
| 22  | Entity/Entities Receiving this Service:  |  | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.   |  |   |  | 59000 –   |   |                                     |                                       |
|   |  |  | b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)   |  |   |  |   |   |                                     |                                       |
| 23  | Calculations   |  |   |  |   |  |   |   |                                     |                                       |
| <b>Recurring Charges</b>  |  |  |   |  | <b>Non-Recurring Charges</b>                    |  |   | <b>Total Charges</b>                              |                                     |                                       |
| <b>A</b>  | <b>B</b>   | <b>C</b>   | <b>D</b>  | <b>E</b>   | <b>F</b>  | <b>G</b>   | <b>H</b>  | <b>I</b>  | <b>J</b>                            | <b>K</b>                              |
| Monthly \$ charges (total amount for service)   | How much of the \$ amount in (A) is ineligible?  | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year  | Annual pre-discount for eligible recurring charges (C x D) | Annual non-recurring (one time) \$ charges      | How much of the \$ amount in (F) is ineligible?  | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) |
| 0   | 0  | 0  | 0   | 0  | 15,000  | 0  | 15,000  | 15,000  | 80%                                 | \$12,000                              |



|   |  |  |   |  |   |  |   |   |                                     |                                       |
|---|--|--|---|--|---|--|---|---|-------------------------------------|---------------------------------------|
| Billed Entity Applicant #: <b>131976</b>  |  |  |   |  | Applicant's Form Identifier: <b>DMPS4710101</b> |  |   |   |                                     |                                       |
| Contact Person: <b>Greg Davis</b>   |  |  |   |  | Phone Number: <b>515-242-7773</b>               |  |   |   |                                     |                                       |
| <b>BLOCK 5: Discount Funding Request(s)</b>   |  |  |   |  |   |  |   | Page 186 of 319                                   |                                     |                                       |
| Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly. |  |  |   |  |   |  |   |   |                                     |                                       |
| <b>FRN # (to be assigned by administrator)</b>  |  |  |   |  |   |  |   |   |                                     |                                       |
| 11  | Category of Service (only ONE category should be checked)<br><br><input type="radio"/> Telecommunications Services <input type="radio"/> Internet Access <input checked="" type="radio"/> Internal Connections |  |   |  | 15  | Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions) |   |   | RFP #00-48C                         |                                       |
| 12  | Form 470 Application Number:<br><br>704340000296620  |  |   |  | 16  | Billing Account Number: (e.g. billed telephone number)   |   |   | N/A                                 |                                       |
|   |  |  |   |  | 17  | Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)  |   |   | 12/12/2000                          |                                       |
| 13  | SPIN – Service Provider Identification Number:<br><br>143005247  |  |   |  | 18  | Contract Award Date (mm/dd/yyyy)   |   |   | 01/12/2001                          |                                       |
|   |  |  |   |  | 19a   | Service State Date (mm/dd/yyyy)  |   |   | 07/01/2001                          |                                       |
|   |  |  |   |  | 19b   | Service End Date (mm/dd/yyyy)  |   |   | N/A                                 |                                       |
| 14  | Service Provider Name  |  | Graybar Electric  |  | 20  | Contract Expiration Date (mm/dd/yyyy)  |   |   | 06/30/2002                          |                                       |
| 21  | Description of this Service:   |  | You MUST attach a description of the service, including breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. |  |   |  |   |   | Attachment # <u>USFATCH0103</u>     |                                       |
| 22  | Entity/Entities Receiving this Service:  |  | a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.   |  |   |  |   | 58934 -   |                                     |                                       |
|   |  |  | b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)   |  |   |  |   |   |                                     |                                       |
| 23  | Calculations   |  |   |  |   |  |   |   |                                     |                                       |
| <b>Recurring Charges</b>  |  |  |   |  | <b>Non-Recurring Charges</b>                    |  |   | <b>Total Charges</b>                              |                                     |                                       |
| A   | B  | C  | D   | E  | F   | G  | H   | I   | J                                   | K                                     |
| Monthly \$ charges (total amount for service)   | How much of the \$ amount in (A) is ineligible?  | Eligible monthly pre-discount amount (A minus B) | # of months service provided in program year  | Annual pre-discount for eligible recurring charges (C x D) | Annual non-recurring (one time) \$ charges      | How much of the \$ amount in (F) is ineligible?  | Annual eligible pre-discount \$ amount for one-time charges (F minus G) | Total program year pre-discount \$ amount (E & H) | % discount (from Block 4 worksheet) | Funding Commitment \$ Request (I x J) |
| 0   | 0  | 0  | 0   | 0  | 15,000  | 0  | 15,000  | 15,000  | 60%                                 | \$9,000                               |